

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51								
2		/					52								
3		/					53								
4	/						54								
5		/					55								
6		2					56								
7		2					57								
8		2					58								
9		2					59								
10		2					60								
11		2					61								
12	/						62								
13		/					63								
14		/					64								
15		2					65								
16		2					66								
17	/						67								
18		/					68								
19		2					69								
20	/						70								
21		/					71								
22		/					72								
23		2					73								
24	/						74								
25		/					75								
26		/					76								
27		2					77								
28		2					78								
29		2					79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	6						TOTAL IND.								
TOTAL DEP.	30						TOTAL DEP.								
TOTAL CLAIMS	42						TOTAL CLAIMS								